

**STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DIVISION OF WAGE AND HOUR COMPLIANCE**



Application for a Sheltered Workshop Certificate in accordance with Chapter 113, Laws of New Jersey, 1966.

1. Name of Organization _____

2. Address of location for which Certificate is requested _____

3. List department(s) for which Certificate is requested and the rates of pay for each

Department	Rate of Pay (Indicate specific rates and whether hourly, piece rate, etc.)		
	(Hourly)	(Piece Rate)	(Other)
A. Sheltered Workshop _____			
B. Work Activities Center _____			
C. Adult Activities Center _____			
D. Arts and Crafts _____			
E. Work Adjustment Training _____			
F. Employment Training _____			
G. Evaluation _____			
H. Skills Training Program _____			

4. Is your organization incorporated as a non-profit agency? Yes ☐ No ☐
If so, give state and date of incorporation. _____

5. Is your organization a member of a national, regional, or state organization of workshops? Yes ☐ No ☐
If so, give name and address of such agency or agencies. _____

6. Do you have an agreement with a state or federal agency for training and/or placement of client? Yes ☐ No ☐
If so, give name and address of such agency or agencies.

7. Indicate, in general, the nature of disabilities of clients.

8. Is a medical report or other satisfactory evidence of disability for each client on file in your workshop? Yes ☐ No ☐

9. Describe the basis on which rates of pay to clients are determined.

10. Are the rates of pay reviewed periodically? Yes ☐ No ☐
(Please explain method used)

11. Describe in general, the extent of the rehabilitation program offered by your organization.

12. Have you been granted a Sheltered Workshop Certificate by the U.S. Department of Labor? Yes ☐ No ☐
If so, please attach a copy of the Certificate to this application.

I certify that, to the best of my knowledge and belief, that all the statements in this application are true.

(Date)

(Signature and Title of authorized representative)